

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/650,551	FILING DATE 08/30/01					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3	/						53					
4		/					54					
5	/						55					
6		/					56					
7	/						57					
8		/					58					
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12		/					62					
13	/						63					
14		/					64					
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18		/					68					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	14						TOTAL IND.					
TOTAL DEP.	15	→	↓	→	↓	→	TOTAL DEP.	→	↓	→	↓	→
TOTAL CLAIMS	27						TOTAL CLAIMS					